HEALTH CARE FACILI. 07/05/2011 14:24 8655945,39 PAGE 10/16 PRINTED: 06/30/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES AND PLAN OF GORRECTION (X1), PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 01 - MAIN BUILDING 0102 B. WING 445145 06/27/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD GOLDEN LIVINGCENTER - MOUNTAIN VIEW WINCHESTER, TN 37398 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) NFPA 101 LIFE SAFETY CODE STANDARD K-021 K 021 K 021 SS=D The storage room door at B-Nurses Any door in an exit passageway, stairway Station is closed. No other doors enclosure, horizontal exit, smoke barrier or are propped open that have an hazardous area enclosure is held open only by automatic closure in place. devices arranged to automatically close all such doors by zone or throughout the facility upon Employees were inserviced on activation of: 6/28/11 by Executive Director that no doors with installed auto- a) the required manual fire alarm system; matic closures may be propped open. b) local smoke detectors designed to detect This will be monitored during routine smoke passing through the opening or a required non-clinical rounds by management smoke detection system; and team 3 times weekly to assure continued compliance. Findings will c) the automatic sprinkler system, if installed. be reported to, and reviewed 19.2.2.2.6, 7.2.1.8.2 by, the QA&A committee 3 months. 7/15/11 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the corridor doors. The findings include: Observation of the B nurses' station on 6/27/11 at 9:45 AM, revealed the storage room door was being held open with a book case. This findings was acknowledged by the administrator and verified by the Director of Maintenance at the exit conference on 6/27/11. K 052 ; NFPA 101 LIFE SAFETY CODE STANDARD K 052 SS≈E A fire alarm system required for life safety is

ny deficiency statement ending with an asterisk (") denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days as following the date of survey whether or not a pien of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 regram participation.

ORM CMS-2567(02-99) Previous Varaions Obsolate

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

Event ID:0W0521

Facility ID: TN2602

TITLE

If continuation sheet Page 1 of 6

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PAGE 11/16 PRINTED: 06/30/2011 07/06/2011 14:24 8655945739 HEALTH CARE FACILITY DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 0102 B. WING 445145 06/27/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD **GOLDEN LIVINGCENTER - MOUNTAIN VIEW** WINCHESTER, TN 37398 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX (X5) TAG DATE TAG K 062 Continued From page 1. K 052 K 052 installed, tested, and maintained in accordance Fire alarm pull stations in kitchen with NFPA 70 National Electrical Code and NFPA service hall and dining room are 72. The system has an approved maintenance not blocked with equipment. No and testing program complying with applicable other pull stations in the facility requirements of NFPA 70 and 72. 9.6.1.4 are blocked by equipment. Employees were inserviced on 6/28/11 Executive Director that no equipment can block pull stations throughout facility. This will be monitored during routine non-clinical rounds 3 times weekly by management This STANDARD is not met as evidenced by: team to assure continued Based on observations, it was determined the compliance. Findings will be facility failed to maintain the fire alarm system. reported to, and reviewed by, the QA&A committee for 3 months. The findings include: 7/15/11 Observation of the kitchen service hall and the dining hall on 6/27/11 at 10:20 AM, revealed the fire alarm pull stations were blocked with

ORM CMS-2567(02-99) Previous Versions Obsolete

periodically.

25, 9,7,5

equipment

K 062

SSRE

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 6/27/11.

NFPA 101 LIFE SAFETY CODE STANDARD

19.7.6, 4.6.12, NFPA 13, NFPA

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested

Event ID: 0W0521

FACILITY ID: TN2602

K 082

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HEALTH CARE FACILI'I.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

B. WING

01 - MAIN BUILDING 0102

445145

A BUILDING

06/27/2011

NAME OF PROVIDER OR SUPPLIER

GOLDEN LIVINGCENTER - MOUNTAIN VIEW

STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD

			WINCHESTER, TN 37398				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LBC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH (IDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETIO DATE		
	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the sprinkler system. The findings include: (1) Observation of the secured unit's activity closet on 6/27/11 at 10:04 AM, revealed supplies were stored within 18 inches of the sprinkler. (2) Observation of Resident room 111 in the	K 062	No supplies are stored within 18 inches of sprinkler in storage area on unit. Storage areas have been assessed and nothing is stored within 18 inches of a sprinkler. The staff was inserviced on 6/28/11 by Executive Director that nothing can be stored within 18 inches of sprinkler. This will be monitored during routine non-clinical rounds by management team to assure continued compliance. Findings will be reported to, and reviewed by the QA&A committee for 3 months.				
	advance secured unit on 6/27/11 at 10:15 AM, revealed the sprinkler escutcheon plate was missing. These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 6/27/11.				7/15/11		
	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064	K 064 1)The fire extended in riser of the extinguist monthly by not maintenance by Executive must be made				
	This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire extinguishers. The findings include:		Continued co facility mana- rounds 3 time be reported to	ntinued compliance will be monitored by lity management during routine non-clinical nds 3 times weekly. Findings will reported to, and reviewed by, the facility &A committee for 3 months.			
	(1) Observation of the physical therapy room and the riser room on 6/27/11 at 9:52 AM, revealed the fire extinguishers were not checked monthly as required.		unit are not b	tinguishers on dining room on ocked. No fire extinguishers in blocked. The staff was inserviced Executive Director that no			
M CMS-250	97(02-99) Previous Versions Obsolete Event ID: 0W0521	Fac	on 6/28/11 by	Executive Director that no	et Dec		

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HEALTH CARE FACILI).

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		& MEDICAID SERVICES					OMR NO	1850-9560
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		TION	(X3) DATE SURVEY COMPLETED		
		TO CONTROL TO A TOTAL TOTAL TO A TOTAL TO A TOTAL TO A TOTAL TO A TOTAL TOTAL TOTAL TO A TOTAL TOT	A. BUIL	DING	01 - MA	IN BUILDING 0102	COMPLE	ובט
		445145	B, WIN	G			06/27	7/2011
NAME OF PROVIDER OR SUPPLIER				STREE	T ADDRESS	CITY, STATE, ZIP CODE		
GOLDEN	LIVINGCENTER - M	OUNTAIN VIEW			BYPASS I	DAD L TN 37398		
(X4) ID	RIMBIADV ST	ATEMENT OF DEFICIENCIES		1		VIDER'S PLAN OF CORREC	TION	
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL USC IDENTIFYING INFORMATION)	PREF		(EACH	CORRECTIVE ACTION SHO LEFERENCED TO THE APPI DEFICIENCY)	ULD BE	COMPLETION DATE
K 064	Continued From pa	age 3	К	64 c	ompliance	s can be blocked. Continuil be monitored by facing touring routine non-clin	lity :	
	and the nurses' sta	the secured unit dining room tion on 6/27/11 at 10:02 AM, tinguishers were blocked with		re	unds 3 time ported to,	es weekly. Findings will and reviewed by, the fac or 3 months.	be	
	6/27/11 at 10:35 A extinguisher was n	nounted above the sixty inches.		ha th	all has bee e 60 inch l	xtinguisher in the kitcher n relocated and is now himit. Extinguishers have	oung within been	
K 067 99=E	Administrator and Maintenance at the	re acknowledged by the verified by the Director of a exit conference on 6/27/11. AFETY CODE STANDARD	КО	or 6/ ar	verified by maintenance to be properly positioned on walls. Maintenance staff were inserviced on 6/28/11 Executive Director that extinguishers are to be located at no more than 60 inches			
	rleating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2		9	re	from floor. Findings will be reported to, reviewed by, the facility QA&A committed for 3 months.			7/15/11
	E							
	facility falled to mai and Air Conditionin The findings include Observation of the rooms and the Res 10:10 AM, revealed inoperable.	e: advanced secured unit mop ident bathrooms on 6/27/11 at I the exhaust fans were	٠	The bat in t Co ma rou to,	throoms or facility are ntinued co nagement inds 3 time	fans in mop room and re unit are operable. Exh in operable working con mpliance will be monitor team during routine nor s weekly. Findings will ved by, the facility QA&A	aust fans dition. ed by n-clinical be reported	7/15/11
	Administrator and v	acknowledged by the rerified by the Director of						
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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HEALTH CARE FACILITY

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0102 B. WING 445145 06/27/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD **GOLDEN LIVINGCENTER - MOUNTAIN VIEW** WINCHESTER, TN 37398 COMP^{(X(S)} PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES MPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 067 Continued From page 4 K 067 Maintenance at the exit conference on 6/27/11. K 141 NFPA 101 LIFE SAFETY CODE STANDARD K 141 K 141 SS=D Oxygen-In-Use precautionary sign has been Non-smoking and no smoking signs in areas added at Room B-9. Rooms have been audited where oxygen is used or stored are in accordance to assure Oxygen-In-Use precautionary signs with 19.3.2.4, NFPA 99, 8.6.4.2. are in place where needed. Nursing staff was inserviced on 6/28/11 by Executive Director on placing signs on doors when oxygen is in place. This STANDARD is not met as evidenced by: Continued compliance will be monitored by Based on observations, it was determined the Hospitality Aide and Central Supply Clerk during facility failed to maintain the no smoking signs. routine servicing of oxygen concentrators and/or tanks in resident rooms, and by facility The findings include: management team during routine non-clinical Observation of Resident room B-9 on 6/27/11 at rounds 3 times weekly. Findings will be 9:43 AM, revealed oxygen being used and no reported to, and reviewed by, the facility QA&A precautionary sign posted on the door. 7/15/11 committee for 3 months. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 6/27/11. K 147 NFPA 101 LIFE SAFETY CODE STANDARD K 147 SS=F Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system. The findings include: (1) Observation of the break room on 6/27/11 at 9:40 AM, revealed a broken light cover.

02:43:17 p.m. 07-15-2011

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- ·		445145	B. WING_			ner	7/2011
	ROVIDER OR SUPPLIER I LIVINGCENTER - M	OUNTAIN VIEW	1 1	1360 BYPASS	S. CITY, STATE, ZIP CODE ROAD R, TN 37398		1/2011
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K 147	d/2//11 at 9:50 AM adapter being used (3) Observation of 6/27/11 at 10:00 All missing. These findings wen Administrator and v	the physical therapy area on , revealed a multiple plug	K 147	1) The light replace. At been comp working ord inserviced on replacing ued compliant rounds reported to, QA&A compliance of the compliance staff during tweekly. Find reviewed by for 3 months and the compliance of the compliance	t cover in break room has udit of light covers in facileted to assure covers ander. Maintenance staff whon 6/28/11 by Executive graph by be and reviewed by the staff during routine physics weekly. Findings will be and reviewed by, the familitee for 3 months. plug adapter has been reviewed by maintee for 3 months. plug adapters in facility, will be monitored by maintee physical plant roudings will be reported to, the facility QA&A committee to a source covers in facility. Continuiting the covers in facility of the facil	lity has re in good as Director s. Contin- y ysical e cility emoved assure Continued ntenance unds and ittee C-hall no used stenance nds and	7/15/11
M CMS-2567	7(02-99) Previous Versione O	beolete Event ID: 0WO521	Facil	ity ID: TN2602	tf conti	nuation sheet	Dana 6